

Case Number:	CM15-0136865		
Date Assigned:	07/24/2015	Date of Injury:	05/22/2014
Decision Date:	08/24/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old female who sustained an industrial injury on May 22, 2014. She has reported lower back pain, right knee pain and left knee pain and has been diagnosed with spinal enthesopathy and traumatic arthropathy of lower leg. Treatment has consisted of medications, medical imaging, physical therapy, aqua therapy, and acupuncture. The lumbar spine revealed on palpation, paravertebral muscles, spasm, tenderness, and tight muscle band was noted on both the sides. Gaenslen's was positive. Lumbar facet loading was positive on the left side. Ober's was positive. Pace's was positive. Range of motion was restricted with flexion limited to 100 degrees due to pain in the left knee. There was a plus 2 effusion in the left knee joint. Patellar grind test was positive. Ballotable patella sign was positive. J-sign was positive. There was pain with limited range of motion in the low back. The treatment request included acupuncture sessions 2 x 3 for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture sessions 2x3 (low back): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained/documented with previous care. Twenty-four prior acupuncture sessions already rendered without documentation of any significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with prior acupuncture provided to support the appropriateness of the additional acupuncture requested. Consequently, the additional acupuncture is not supported for medical necessity.